



TEXAS DEPARTMENT OF HEALTH
AUSTIN, TEXAS
INTER-OFFICE MEMORANDUM

TO: Regional Directors
Directors, Local Health Departments
Directors, Independent WIC Local Agencies
Herman Horn, Chief, Bureau of Regional/Local Health Operations

FROM: Barbara Keir, Director
Division of Public Health Nutrition and Education
Bureau of Nutrition Services *B. Keir*

DATE: July 14, 2000

SUBJECT: Follow up to May "Formula" Conference Call on Medicaid

The "formula" conference call on May 9th concerning **Helping WIC participants obtain additional formula/medical nutritional products from Medicaid** was very informative to many of us. Roxanne Robison, Children with Special Health Care Needs Nutrition Consultant, has provided written guidance as a follow up to the conference call. She also developed a form that may be used with the Medicaid vendor which provides the necessary information for the vendor to process the request for additional formula.

Unfortunately, the written scripts and taped session from this conference call will not be available due to technical difficulty. However, the majority of the information provided during the conference call is available in the attached guidance paper and form. We highly recommend that you place this information in your Formula Resource Book under the Policies and Guidelines tab. This process is not a requirement of the WIC program. WIC staff are not required to help a family obtain formula from an outside source, but providing assistance is good customer service and can help create a positive relationship with the child's physician.

If you have any questions please feel free to contact Roxanne Robison or Mimi Kaufman, Children with Special Health Care Needs Nutrition Consultants at (512) 458-7111 extension 3495.

How to Help a WIC Participant Obtain Formula/Medical Nutritional Products through Medicaid

Rationale

There are times when a WIC participant may need help finding another resource for formula or a medical nutritional product. Reasons for this may include:

1. A WIC participant with special health care needs may require additional amounts of **non-contract** formula than what federal regulations permit the WIC program to issue. WIC allows the following maximum amounts to be issued in any one month:

Maximum amounts:	Infant	Child/Woman
Ready-to-use	806 fl. ozs.	910 fl. ozs.
Powdered	8 lbs. (128 ozs. or 3629 g.)	9 lb. (144 oz. or 4082 g)
Liquid Concentrate	403 fl. oz.	455 fl. oz.

2. A child, 5 years of age, who is no longer eligible for WIC services, may still need a formula or medical nutritional product.
3. When a nutritional supplement or pudding is prescribed and the maximum amount of formula is already being provided by WIC.

*WIC staff **are** not required to help the family obtain formula from an outside source, however, if time **permits**, helping the family is good customer service and can help create a positive relationship with the child's physician.*

Medicaid

Medicaid may be a resource to provide a formula or other medical nutritional product if it has been prescribed by a physician (M.D. or D.O.) and is medically necessary. Medicaid will not pay for standard infant formula such as Enfamil, **Similac**, Isomil, or Prosobee. The steps to take for Medicaid approval are as follows:

1. First, you will need to know if the participant receives Medicaid benefits. If the child does not have Medicaid coverage, send the family to the local Dept. of Human Services (DHS) office to determine Medicaid eligibility. ***Please do not send the family to the DHS office to get formula. The staff at this office will probably not know anything about obtaining these products.***
2. If the child is currently enrolled in Medicaid, find out if they have straight Medicaid or if they have been assigned to a Medicaid managed care organization (MCO). Examples of MCOs are PCA Star, Blue Cross/Blue Shield, First Care, Amerihealth, and Access Star Plus. This is important because some MCOs have contracts with only certain vendors to

supply formulas/medical nutritional products.

3. Contact the vendor. Vendors include pharmacies or durable medical equipment (DME) companies that provide formulas for Medicaid recipients. With straight Medicaid, products can be obtained through any vendor that is a Medicaid provider for the Texas Health Steps-CCP program. For participants who have straight Medicaid, the following large DME companies will ship statewide and may be utilized:

D&L Medical Products
1-800-880-7402
(5 12) 832-9983 (Austin)
Fax (512) 837-7060

MEDCO
1-800-755-2432
1-800-245-3816
Fax (713) 956-8418

Davilla Pharmacy (San Antonio)
(2 10) 226-5293
Fax (210) 224-9257

Local pharmacies or DME companies may also be utilized but they must be a vendor for the Texas Health Steps Comprehensive Care Program.

4. If the WIC participant is with a Medicaid MCO, you can contact, or have the family contact, the **MCO** to find out what vendor is used to supply formula and medical nutritional products. The large DME companies listed above are also vendors for some Medicaid **MCOs**, as well. It may be worth checking with them if it is difficult to get through to the MCO.
5. Complete the Request for Medicaid Formula/Medical Nutritional Products form and fax to the vendor. The vendor will need this information when requesting Medicaid reimbursement. If the participant is not fed by feeding tube, please be as specific as possible when explaining the reason(s) for medical necessity and explaining why other formulas tried did not work. If you do not know the medical reasons, the vendor can fax the necessary forms to the physician for additional information in addition to the required signature. A vendor with a Medicaid **MCO** contract may request additional information specific to the rules of the Medicaid MCO.
6. It is highly recommended to also call the physician's office, talk to the nurse, and give them a "heads up" that you have requested the formula and/or medical nutritional product from a vendor for Medicaid coverage for his patient. That way, the physician's office will not be confused if they had expected WIC would meet all the patient's needs.

Request for Medicaid Formula/Medical Nutritional Products

Dear Vendor - This WIC/Medicaid recipient:

() was provided with the maximum amount of _____ allowed under the WIC program; however, due to his/her medical condition he/she needs _____ additional cans per month for _____ months.

() was prescribed a medical nutritional product (e.g., Polycose, MCT oil, Duocal, pudding) per doctor's orders, in addition to the formula given by WIC. WIC cannot provide this product due to maximum issuance limits.

() will no longer be eligible for WIC benefits on his/her 5th birthday.

The participant is requesting that Medicaid provide the additional formula/medical nutritional product. The participant's information is as follows:

Name _____ DOB _____ Medicaid# _____
(Last) (First) (MI)

Address _____
(Street) (City) (State) (Zip)

Parent/Guardian's name _____

Physician _____ Phone _____

Medical Diagnosis _____

Current Height _____ Weight _____ Date _____

Name of formula/medical nutritional product _____

Amount requested (Medicaid only) per month _____

Daily calorie intake _____ % of daily intake from formula/medical nutritional _____

Length of time needed _____

Has this person seen a dietitian? yes _____ no _____

Is this child fed by gastrostomy tube? yes _____ no _____

*(Please attach): Explain why this child cannot be maintained on an age-appropriate diet and attach any additional explanation to support medical necessity. Be **specific**.*

List other formulas which have been tried and why they did not meet client's needs.

Attach growth chart showing growth history.

To the parent/guardian: I give my permission for WIC to share this information with the Medicaid vendor and/or my child's physician/health care provider for the purpose of obtaining the formula/medical nutritional product that my child needs.

Signature _____ Date _____ Print Name _____

Local WIC Agency phone number _____

Contact person _____

(This form was developed by the State WIC office, Texas Dept. of Health)